

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018443

FILED JUN 10 1959

Registration District No. 309 Primary Registration District No. 3043 STATE FILE NUMBER Registrar's No. 168

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		Length of stay in lb	
0		d. STREET ADDRESS 2116 Market Street	
3. NAME OF DECEASED (Type or print) EMILY ASHBEE TURNER		4. DATE OF DEATH Month May Day 31 Year 1959	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH December 23, 1863	
9. AGE (In years last birthday) 95		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and state or country) London England		12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME Richard Ashbee		13b. MOTHER'S MAIDEN NAME Mary Ann	
14. NAME OF HUSBAND OR WIFE John F. Turner (deceased)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 0 EX	
16. SOCIAL SECURITY NO.		17. INFORMANT C.G. Turner Hannibal Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic vascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500		INTERVAL BETWEEN ONSET AND DEATH 2 years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Hannibal Missouri		20g. COUNTY Marion	
20h. STATE Missouri		21. I attended the deceased from 5-15-59 to 5-31-59 and last saw her alive on 5-31-59 Death occurred at 1:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Robert Manning</i>		22b. ADDRESS Hannibal, Missouri	
22c. DATE SIGNED 6-3-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/2/1959		23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park	
23d. LOCATION (City, town, or county) Hannibal Missouri		23e. (State)	
24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri		25. DATE RECD. BY LOCAL REG. 6/5/59	
26. REGISTRAR'S SIGNATURE <i>W. M. Lucha</i>		27. (State)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

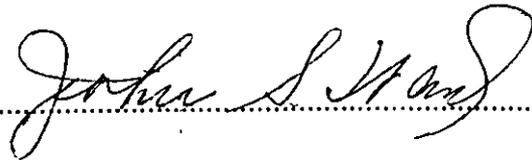
All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed



Licensed Embalmer No.....4540.....

P. O. Address.....Hannibal, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.